

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10606231
APPLICANT(S) _____

FILED DATE 06-25-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56	/					
57		/				
58		/				
59		/				
60	/					
61		/				
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63		/				
64		/				
65		/				
66		/				
67	/					
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73		/				
74		/				
75		/				
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86						
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89						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	92					
TOTAL CLAIMS	100					